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FACSIMILE TRANSMITTAL SHEET							
TO: Examiner James Lee HABERMEHL	FROM: Stephen T. Neal						
COMPANY: USPTO	November 22, 2005						
FAX NUMBER: (571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER:						
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 2855/96						
RE: Serial No.: 10/618,145	YOUR REFERENCE NUMBER: Group Art Unit: 2651						
	CASE COMMENT: PILEASE REPLY CONFIRMATION TILL FOLLOW ORIGINAL WILL NOT FOLLOW						
Notes/Comments: AMENDMENT EXAMINATION	AND REQUEST FOR CONTINUED (RCE) UNDER 37 C.F.R. §1.114						

- 1. Fax Cover Sheet (1)
- 2. RCE Transmittal Form (and one copy) (2)
- 3. RCE Fee Transmittal (and one copy) (2)
- 4. Amendment and Request for RCE (11)

Total: (16) pages

Certificate of Facsimile Transmittal

Signature

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Dated: November 22, 2005

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PTO/SB/17 (10-04v2) Approved for use through 07/31/2008. OMB 0651-0032

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FEE TRANSMITTAL for FY 2005		Complete if Known						
					/618,145			
		Filing Date			July 11, 2003			
SWarting (AMAMANA Control (see a see a		First Named Inventor Zh			u FENG et al.			
Effective 10/01/2004, Patent fees are subject to annual revision.	Examiner Name J			Jar	ames Lee HABERMEHL			
Applicant claims small entity status. See 37 CFR 1.27				265	2651			
TOTAL AMOUNT OF PAYMENT (S) 790.00	700.00			et No. 2855/96				
METHOD OF PAYMENT (check all that apply)	1			FEI	E CALCULATION (o	ontinued)		
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None		3. ADDITIONAL FEES						
Order Deposit Account: Deposit	Large Entity Small			<u> pility</u>				
Account 11-0600	Fen Code	Fee (5)	Fee Code	Fee	Fee t	Description Fed	Paid	
Number	1051	130	2051	(\$) 65	Surcharge - late filing	•		
Deposit Account Kenyon & Kenyon		50	2052	25	Surcharge - late prov sheet.	tsional filling fee or cover		
Name		130	1053	130	Non-English specifics	ation		
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.		2,520	1812	2,520	For filing a request fo	r ex parte reexamination		
		920~	1804	920°	Requesting publication Examiner action	on of SIR prior to		
		1,840*	1805	1,840°	Requesting publication Examiner action	on of SIR after		
FEE CALCULATION	1251	120	2251	60	Extension for reply wi	ithin first month		
1. BASIC FILING FEE	1252	450	2252	225	Extension for reply wi	thin second month		
Large Entity Small Entity	1253	1,020	2253	510	Extension for repty wi	thin third month		
Fee Fee Fee Fee Fee Description	1254	1,590	2254	795	Extension for reply wi	thin fourth month		
Code (\$) Code (\$) Fee Paid	1255	2,160	2255	1,080	Extension for reply wi	thin fifth month		
1001 790 2001 395 Utility filing fee	1401	500	2401	250	Notice of Appeal			
1002 350 2002 175 Design filling fee 1003 550 2003 275 Plant filling fee	1402	500	2402	250	Filing a brief in suppo	• •		
1904 790 2004 395 Reissue filing fee	1402	1,000	2403	500	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O			
1005 160 2005 80 Provisional filling fee	1451	1,510	1451	1,510	Petition to institute a p			
SUBTOTAL (1) (S) 0		1,500	2452 2453	250 750	Petition to revive – un			
	1453 1501	1,400	2501	750 685	Petition to revive - un	•		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	490	2502	245	Utility issue fee (or release) Design issue fee			
Extra Claims Fee from below Fee Paid	1503	880	2503		Plant issue fee			
Total Claims 26 -29 = 0 X 50.00	1460	130	1460		Petitions to the Comm	issioner	\vdash	
independent 3 -3 TP = 0 X 200.00 #	1807	50	1807		Processing fee under 37 CFR 1_17 (g)			
Claims 3 -3 " = 0 X 200.00 -	1806	180	1808		Submission of Informa			
Multiple Dependent X =	8021	40	8021	40	Recording each paten	t assignment per	\vdash	
Large Entity Small Entity	1809	790			property (times number Filling a submission aff			
Fee Fee (\$) Fee Fee Description	1003	′ [∞]	2009		(37 CFR § 1.129(e))	ter timai rejection		
1202 50 2202 28 Claims in excess of 20	1810	790	2810		For each additional im	vention to be		
1201 200 2201 100 Independent claims in excess of \$		- 1			examined (37 CFR § 1	J.128(b))		
1203 360 2203 180 Multiple dependent claim, if not paid	1801	790	2801	395 R	equest for Continued (Evamination (DCE)	790.00	
1204 200 2204 100 Reissue independent claims ever original patent		900			Request for expedited	••		
1205 50 2205 24 ** Raissue dalms in excess of 20 and		-	,402		of a design application	EXEMICIENCY)		
over original patent	Other for	Other fee (specify)						
SUBTOTAL (2) (\$) 0								
"Feduced by Basic Filing Fee Peid SUBTOTAL (3) (5) 790.00								
SUBMITTED BY Complete (if applicable)								
e (PriniType) Stephen T. Neal Registration No. (Attorney/Agent) 47,815					Telaphone	(408) 975-750	00	
Signature Stralen T. M. (4)					Date	November 22	2, 2005	

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